जापानी एनसेफलाइटिस

वर्ष	योगी मौतें	सी.एम.आर (प्रति हजार रोगी)	
1986	7500	2627	3.50
1987	3515	1346	3.83
1988 (अनन्तिम)	5920	2009	3.39

टिप्पण : सी. एम.आर.-रोगी मृत्यु दर

Use of Fluoride in Toothpaste

178. SHRI PUTTAPAGA RADHA-KRISHNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 3198 given in the Rajya Sabha on the 28th March, 1989 and state:

(a) whether Government have since taken a final decision regarding the use of Fluoride in toothpastes;

(b) if so, what are the details thereof; and

(c) if not, by when the final decision is likely to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) The views of Director General of Health Services on the report have been received and the report is under active consideration of the Ministry.

Increase in incidence of Diabetes in the capital

179. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Diabetes is growing in the capital very fast as reported in the "Hindustan Times" dated the 9th April, 1989;

(b) if so, what are the reasons therefor;

(c) the actual percentage of people suffering from this disease; and

(d) what remedial measures are being contemplated in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) This is only partly true that diabetes is growing in the capital. The increase is in the cases of non-insulin dependent diabetes mellitus cases. There is no increasing trend in the prevalence rate of insulin dependent diabetes mellitus cases. The increase in the prevalence on non-insulin dependent diabetes mellitus is associated with the following factors—

1. Overweight (obesity).

2. Consumption of high caloric diet.

3. Consumption of a greater preportion of refind carbohydrates in the diet.

4. Consumption of a greater proportion of fat in the diet.

5. Lack of physical activity and physical exercise.

6. Changing life styles.

(c) The ICMR study has indicated a prevalence rate of approximately 5 per cent.

(d) A pilot Programme has been taken up with the following objectives:—

1. Identification of high risk subjects at an early stage, and importing appropriate health education with focus on primary prevention.

2. Early diagnosis of disease and institution of appropriate management so as to reduce morbidity and mortality.

3. Prevention, arrest or slowing of acute metabolic as well as chronic cardio-vascularrenal complications of the disease.

4. Provision of equal opportunities to ensure scholistic as well as physical attainments and job satisfaction, thus, ensuring social and emotional adaptation leading to an improved quality of life.

5. Identification of subjects with partial or total physical handicaps due to the disease, and to ensure their rehabilitation with emphasis on optimal organ or body function.

Education materials in several languages including English, Hindi, Urdu and Tamil have already been prepared and made available in the primary health centres as well as community health centres situated in the districts already included in the programme. In addition special pamphlets on the care and control of diabetes in vulnerable groups such as pregnant mothers have also been prepared and are being used as a part of community education. Diabetes-related health education is being imparted through media as well as by organising special drives and exhibitations.

CBI inquiry into documents published in the "Hindu" regarding the payments made by M/s. Bofors

180. SHRI PUTTAPAGA RADHAKRISHNA: Will the Minister of DEFENCE be pleased to refer to the answer to Unstarred Question 1322 given in the Rajya Sabha on the 7th March, 1989 and state:

(a) whether the CBI has since completed the inquiries into all the releaval aspects of the documents which appeared in the "Hindu" recently regarding the payments made by M/s. Bofors; and

(b) if so, the details thereof and what conclusions Government have drawn therefrom?

THE MINISTER OF DEFENCE (SHRI K. C. PANT): (a) No, Sir.

(b) Does not arise.

Manufacturers of T.Vs

181. SHRI PRAMOD MAHAJAN: Will the PRIME MINISTER be pleased to state:

(a) what are the names and addresses of manufacturers of different types of TVs in India a also the brand name used by each manufacturer and the total No. of each type of TV, B&W/CTV of different type and six produced by each manufacturer during each of last three years;

(b) whether Electronics laboratories of Government are equipped for comparative testing of TVs, if so, how much money has been spent on equipping the laboratories training of testing technicians in India or abroad, maintaining facilities, availing of foreign assistance, etc;

(c) whether not a single comparative testing programme has actually been done using the available facilities either by any Government or non-Governmental agency till date, if so, the details thereof and the reasons thereof; and

(d) whether Government have received any proposal for comparative testing of TVs, if so, Government's response thereon along with an estimated time before the public can see the published results of such testing?

THE MINISTER OF STATE IN THE MINISTRY OF SCIENCE AND TECHNOLOGY AND THE MINISTER OF STATE IN THE DEPARTMENTS OF OCEAN DEVELOPMENT, ATOMIC ENERGY, ELECTRONICS AND SPACE (SHRI K. R. NARAYANAN): (a) There are about 300 units reporting production of Black & White and Colour Televisions sets in the country.